CONCLUSION In conclusion, with a prevalence of PAOD as high as 14.1% in an elderly community, CyPA might be the link between PAOD and advanced impaired renal function.

TCTAP A-156

The Impact of Abnormal Admission Glycemic Level on In-Hospital Mortality in Non-Diabetic Patients Undergoing Percutaneous Coronary Intervention

Harris Ngow,[1] Seung-Woon Rha,[2] Byoung Geol Choi,[2] Se Yeon Choi,[2] Shaopeng Xu,[3] Jabar Ali,[4] Ji Bak Kim,[2] Cheol Ung Choi,[2] Eung Ju Kim,[2] Dong Joo Oh[2]
[1]Hospital Tengku Ampuan Afzan, Malaysia; [2]Korea University Guro Hospital, Korea (Republic of); [3]Tianjin General Hospital, China; [4]Korea University Guro Hospital, Pakistan

BACKGROUND Many studies investigated the impact of admission glucose level on in-hospital and short-term outcomes in patients (pts) with acute coronary syndrome. There have been limited data regarding the impact of admission glucose level on non-diabetic pts admitted for percutaneous coronary intervention (PCI).

METHODS A total of 2226 non-diabetic pts were enrolled from our single center PCI registry. They were divided into four glycemic level according to their admission non-fasting glucose levels. Group 1; glucose level below 4.0mmol/L, Group 2; 4.0-8.1mmol/L, Group 3; 8.1-11.1mmol.L and Group 4; above 11.1mmol/L was classified as. Their relationships were then studied against adjusted and unadjusted in-hospital mortality with propensity score matching.

RESULTS The in-hospital mortality in non-diabetics admitted for PCI had a near-linear relationship with admission non-fasting glycemic level before and after propensity score matching. In the unadjusted population, as the glycemic level escalating compared to the euglycemic group (Group 2), the impact on in hospital mortality increased. However, this trend was only statistically significant in the highest glucose level (Group 4) after propensity score matched adjustment (OR=20.95, 95% CI 1.17-374.72, P=0.04).

CONCLUSION In non-diabetics admitted for PCI, the admission on-fasting glycemic level showed a near-linear relationship to in-hospital mortality. Glucose level on admission is an important risk marker for non-diabetics admitted for PCI.

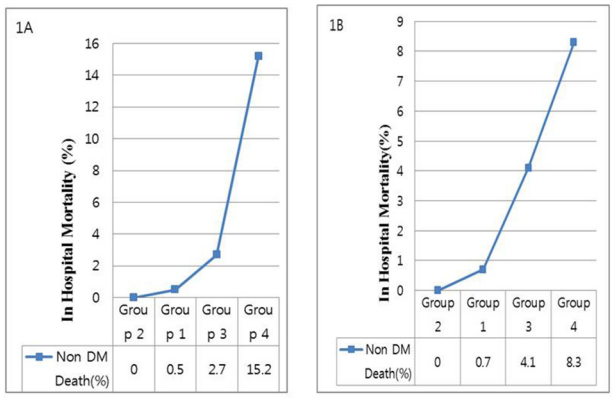

Figure
Figure 1A and 1B showed the relationship between admission glycemic level at in-hospital mortality before and after propensity-score matching. The curve showed near-linear pattern

Groups	Non-diabetics Patients		
	OR	95%CI	P value
Model 1 (Unadjusted)			
Group 1	Reference		
Group 2	0	0	>0.99
Group 3	5.83	1.81-18.83	0.003
Group 4	36.98	11.87-115.22	<0.001
Model 2 (Adjusted)			
Group 1	Reference		
Group 2	0	0	0.99
Group 3	4.62	0.52-41.18	0.17
Group 4	20.95	1.17-374.72	0.04

Model 2 was adjusted after propensity score matching with the following variables: age, gender, hypertension history, smoking history, history of previous MI, history of thrombolytic used and glucose group.

Table
The unadjusted and adjusted odds ratio for in-hospital mortality for various class of glycemic level before and after Propensity Score Marching in non-diabetics

TCTAP A-157

Impaired Renal Function Is Associated with Severe Coronary Artery Disease in Chronic Stable Angina Patients

Jatindra Nath Saha,[1] Abdullah Al Shafi Majumder,[1] Nazir Ahmed Choudhury,[1] Mohammad Ullah,[1] Jafrin Jahan,[1] Kazi Md Zafrul Haq,[1] Md Badiuzzaman,[1] Mohammad Golam Azam[1]
[1]National Institute of Cardiovascular Diseases, Dhaka, Bangladesh

BACKGROUND Cardiovascular disease is the leading cause of morbidity and mortality in renal impaired patients. Many of the patients of chronic kidney disease die of cardiovascular disease before requiring dialysis. Cardiovascular disease in renal impaired patient is potentially preventable and treatable. The aim of this study was to evaluate the association between renal impairment and coronary artery disease severity in chronic stable angina patients.

METHODS 110 patients with chronic stable angina who got admitted for coronary angiography were included in the study. They were divided into impaired renal function group (estimated glomerular filtration rate $< 90ml/min/1.73m^2$) and normal renal function group (estimated glomerular filtration rate $\geq 90ml/min/1.73m^2$). The severity of the CAD was assessed by angiographic Vessel score and Gensini score.

RESULTS Mean Gensini score was significantly high in impaired renal function group (42.30 ± 24.9 vs. 25.65 ± 17.9, $p < 0.05$). There was significant negative correlation between estimated glomerular filtration rate and vessel score ($r = -0.30$, $p<0.05$) and between estimated glomerular filtration rate and Gensini score ($r = -0.65$, $p<0.05$). In multivariate logistic regression analysis, after adjustment of other factors estimated glomerular filtration rate remain independent predictors of severe CAD ($p<0.05$, OR -5.73).

CONCLUSION Impaired renal function assessed by estimated glomerular filtration rate is associated with angiographic severe coronary artery disease in chronic stable angina patients and this association is independent of conventional cardiovascular risk factors.

TCTAP A-158

Clinical Features and One-Year Follow-up Study of Diabetic Patients Who Present with Acute Myocardial Infarction

Pengfei Zuo,[1] Zhi Zuo,[1] Genshan Ma[1]
[1]Zhong Da Hospital, Southeast University, China

BACKGROUND To evaluate the clinical characteristics of diabetic patients with acute myocardial infarction and the incidence of major adverse cardiac events after being treated with drug-eluting stents.

METHODS 350 patients who presented with acute myocardial infarction and are treated with drug-eluting stents were classified into 2 groups according to the presence or absence of diabetes mellitus. The clinical characteristics and one-year follow-up results in the two groups were analyzed.

RESULTS The patients with diabetes mellitus were older than the patients without diabetes mellitus(65.50 ± 12.73 VS 60.80 ± 14.38, $p=0.004$). The ratio of male patients was lower in the diabetes mellitus group (58.5% VS 70.1% , $p=0.012$)and the ratio of smoking